

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

X A Check No. 4545 for the above specified full fee is enclosed. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

This application is filed pursuant to 37 C.F.R. 1.53 in the name of the above-identified Inventor(s).

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ & ASSOCIATES, LLP
PATENT ATTORNEYS
PO BOX D
MENLO PARK, CA 94026-6204

(650) 325-4999
(650) 325-1203 : FAX
EMAIL: iploft@iploft.com



22877
PATENT TRADEMARK OFFICE

Respectfully submitted,



DENNIS FERNANDEZ, ESQ.
Reg. No. 34,160

11/28/2000
Date